


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000006225	
1. Entity Name PHILLIPS POINT ACQUISITION CORP.	

Principal Place of Business 1000 ELM STREET MANCHESTER, NH 03105-3701	Mailing Address 1 MILL POND LANE SIMSBURY, CT 06070 US
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03242004 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0492834	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00 -
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U000000116686
04/16/04-80075-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLMES, WILLIAM H ONE MILL POND LANE SIMSBURY, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HART, DAVID S ONE MILL POND LANE SIMSBURY, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLEVELAND, ALAN P 1000 ELM ST., P.O. BOX 3701 MANCHESTER, NH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOLLOY, JOHN C ONE MILL POND LANE SIMSBURY, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/04 (860) 651-4000
Date Daytime Phone #